

COMPANY INFORMATION PAGE (JURAT) Health Risk-Based Capital For the Year Ending December 31, 2008

| (A) Company Name | Premier Benavioral Sy | stems of Tennessee, LLC | | | | | | |
|--------------------------|---|---|-----------------|---------------------------------|----------------------|--------------------------|--------------------------------|----------------------|
| (B) NAIC Group Code | 0000 | (C) NAIC Company Cod | e 00000 | (D) Employer's ID | Number 62- | 1641638 | | |
| (E) Organized Under t | he Laws of the State of | Tennessee | | | | | | |
| Contact Person for He | alth Risk-Based Capital: | | | | | | | |
| (F) First Name M | lichael | (G) Mid | dle | | (H) Last N | ame Fotinos | | |
| (I) Mail Address of Con | ntact Person 222 | Second Ave. N. Suite 220 | | | | | | |
| (J) City Nashville | е | (K) State | TN | (L) Zip | 37201- | | | |
| (M) Phone Number | 410-953-1643 | | (N) Email Addre | ess of RBC Contact Person | mdfotinos@mag | gellanhealth.com | | |
| (O) Date Prepared | | | | | | | | |
| (P) Preparer (if differe | nt than Contact) | | | | | | | |
| | | First | | Middl | le | | Last | |
| (Q) Is this an Original, | Amended or Refiling? (O, | A, R) | | | | | | |
| (Q1) If Amended, Ame | endment Number: | | | | | | | |
| | at come directly from the a manually to prepare this t | | | | | | | |
| (S) Was the entity in b | ousiness for the entire repo | orting year? | | | | | | |
| Officers: Name | | | | | | | | |
| Title | | | | | | | | |
| | | cers of the said insurer, and ation, knowledge and belief, | | capital report is a true and fa | air representation c | of the company's affairs | and has been completed in acco | rdance with the NAIC |
| | Signatu | re | | Signature | | Sig | gnature | |

AFFILIATED COMPANIES RISK - DETAILS

XR002

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
|-------------------|---------------------------------------|---|-------------------------------------|---|---|---|--|----------------|---|
| Name of Affiliate | Affiliate Type Code | NAIC Company Code or Alien ID Number | Affiliate's RBC After Covariance | Book/Adjusted Carrying Value of Affiliate's Common Stock | Valuation Basis of Column (5) F-Fair, A-All Other | Outstanding | Total Statutory Surplus of Affiliate Subject to RBC | of Affiliate's | Total Value of Affiliate's Outstanding Preferred Stock |
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| Total | | | | | XXX | | | | |

XR002.1

AFFILIATED COMPANIES RISK - DETAILS (XR002)

| ATTEMED COMPANIES MORE DETAILS (AROUZ) | | | | | | |
|--|---|-------------------------------------|---|------------------------------|------------------------------|--|
| (1) | (2) | (3) | (11) | (12) | (13) | |
| Name of Affiliate | Affiliate Type Code | NAIC Company Code or Alien ID | Percent Owned (Cols 5 + 9)/ (Cols 7 + 10) | H0 Component RBC Required | H1 Component RBC Required | |
| | · · · · · · · · · · · · · · · · · · · | • | • | • | | |
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| | • | • | | • | | |
| Total | | | XXX | | | |

AFFILIATES RISK

AFFILIATED COMPANIES RISK

| | | | · | | |
|------|--|-----------|---|------------|--------------|
| | Type of Affiliate | Type Code | Basis | (1) RBC | (2) Count |
| (1) | Directly Owned Insurer Subject to RBC. | 1 | Affil's RBC* | 0 | 0 |
| (2) | Indirectly Owned Insurer Subject to RBC | 2 | Affil's RBC* | 0 | 0 |
| (3) | Directly Owned MCO Subject to RBC | 3 | Affil's RBC* | 0 | 0 |
| (4) | Indirectly Owned MCO Subject to RBC | 4 | Affil's RBC* | 0 | 0 |
| (5) | Investment Subsidiary | 5 | Affil's RBC* | 0 | 0 |
| (6) | Holding Company Excess of Subsidaries. | 6 | 0.300 | 0 | 0 |
| (7) | Directly Owned Alien Insurer. | 7 | 1.000 | 0 | 0 |
| (8) | Indirectly Owned Alien Insurers. | 8 | 1.000 | 0 | 0 |
| (9) | Investment In Parent | 9 | 0.300 | 0 | 0 |
| (10) | Other Affiliates. | 10 | 0.300 | 0 | 0 |
| (11) | Fair Value Excess Affiliate Common Stock | 11 | Total of Type Codes 1 through 5 of XR002, Col. 13 | 0 | 0 |

^{*} Capped at carrying value on the parent's statement

AFFILIATES RISK

CROSSCHECKING FOR AFFILIATED INVESTMENTS Schedule D, Part 6, Section 1

| | | Preferred Stock | | | | | | |
|------|-------------------------------------|------------------------------------|-----|-----------------------|-------------------|--|--|--|
| | | Annual Statement Line Number | (1) | (2) Total From RBC | (3) Difference | | | |
| (1) | Parent | 0199999 | 0 | 0 | 0 | | | |
| (2) | U.S. P&C Insurers | 0299999 | 0 | XXXX | XXXX | | | |
| (3) | U.S. Life Insurers | 0399999 | 0 | XXXX | XXXX | | | |
| (4) | U.S. Health Entity | 0499999 | 0 | XXXX | XXXX | | | |
| (5) | Total P&C, Life and Health Insurers | | 0 | 0 | 0 | | | |
| (6) | Alien Insurer | 0599999 | 0 | 0 | 0 | | | |
| (7) | Non-Insurer Which Controls Insurers | 0699999 | 0 | 0 | 0 | | | |
| (8) | Investment Subsidiary | 0799999 | 0 | 0 | 0 | | | |
| (9) | Other Affiliates | 0899999 | 0 | 0 | 0 | | | |
| (10) | Subtotal | 0999999 | 0 | 0 | 0 | | | |

| | | | Com | nmon Stock | |
|------|-------------------------------------|------------------------------------|---|---------------------------------|-------------------|
| | | Annual Statement Line Number | (1) Annual Statement Total Common Stock | (2) Total From RBC Report | (3) Difference |
| (11) | Parent | 1099999 | 0 | 0 | 0 |
| (12) | U.S. P&C Insurers | 1199999 | 0 | XXXX | XXXX |
| (13) | U.S. Life Insurers | 1299999 | 0 | XXXX | XXXX |
| (14) | U.S. Health Entity | 1399999 | 0 | XXXX | XXXX |
| (15) | Total P&C, Life and Health Insurers | | 0 | 0 | 0 |
| (16) | Alien Insurer | 1499999 | 0 | 0 | 0 |
| (17) | Non-Insurer Which Controls Insurers | 1599999 | 0 | 0 | 0 |
| (18) | Investment Subsidiary | 1699999 | 0 | 0 | 0 |
| (19) | Other Affiliates | 1799999 | 0 | 0 | 0 |
| (20) | Subtotal | 1899999 | 0 | 0 | 0 |

AFFILIATES RISK

OFF-BALANCE SHEET RISK (See instructions for explanation)

| | , | | (1) Book/Adjusted | | (2) |
|------|--|---|----------------------|--------|-----------------|
| | | Annual Statement Source | Carrying Value | Factor | RBC Requirement |
| (1) | Loaned to Others - Conforming Securities Lending Program | General Interrogatories Part 1 Line 22.5 | 0 | 0.002 | 0 |
| (2) | Loaned to Others - Securities Lending Programs - Other | General Interrogatories Part 1 Line 22.6 | 0 | 0.010 | 0 |
| (3) | Subject to Repurchase Agreements. | | 0 | 0.010 | 0 |
| (4) | Subject to Reverse Repurchase Agreements | | 0 | 0.010 | 0 |
| (5) | Subject to Dollar Repurchase Agreements | General Interrogatories Part 1 Line 23.23 | 0 | 0.010 | 0 |
| (6) | Subject to Reverse Dollar Repurchase Agreements | General Interrogatories Part 1 Line 23.24 | 0 | 0.010 | 0 |
| (7) | Pledged as Collateral | General Interrogatories Part 1 Line 23.25 | 0 | 0.010 | 0 |
| (8) | Assets Placed Under Option Agreements | | 0 | 0.010 | 0 |
| (9) | Letter Stock or Other Securities Restricted | General Interrogatories Part 1 Line 23.27 | 0 | 0.010 | 0 |
| (10) | On Deposit with State or Other Regulatory Body | General Interrogatories Part 1 Line 23.28 | 0 | 0.010 | 0 |
| (11) | Other | General Interrogatories Part 1 Line 23.29 | 0 | 0.010 | 0 |
| (12) | Total Non-controlled Assets | Sum of Lines (1) through (11) | 0 | | 0 |
| (13) | Guarantees for Affiliates | Notes to Financial Statements 10E | 0 | 0.010 | 0 |
| (14) | Contingent Liabilities. | Notes to Financial Statements 14A(1) | 0 | 0.010 | 0 |
| (15) | Total Miscellaneous Off Balance Sheet Items | L(12) + L(13) + L(14) | 0 | | 0 |

Premier Behavioral Systems of Tennessee, LLC

OFF-BALANCE SHEET COLLATERAL

| | -DALANGE GILLT GOLLATLINAL | | (1) Book/Adjusted | | (2) |
|------|--|--------------------------------|----------------------|--------|-----------------|
| | Asset Category | Annual Statement Source | Carrying Value | Factor | RBC Requirement |
| | Fixed Income Assets - Bonds | | | | |
| (1) | Class 01 - U.S. Government - Direct and Guaranteed | Company Records | | 0.000 | 0 |
| (2) | Other Class 01 Bonds | Company Records | | 0.003 | 0 |
| (3) | Total Class 01 Bonds | Line (1) + Line (2) | 0 | | 0 |
| (4) | Total Class 02 Bonds | Company Records | | 0.010 | 0 |
| (5) | Total Class 03 Bonds | Company Records | | 0.020 | 0 |
| (6) | Total Class 04 Bonds | Company Records | | 0.045 | 0 |
| (7) | Total Class 05 Bonds | Company Records | | 0.100 | 0 |
| (8) | Total Class 06 Bonds | Company Records | | 0.300 | 0 |
| (9) | Total Bonds | L(3)+L(4)+L(5)+L(6)+L(7)+L(8) | 0 | | 0 |
| | Equity Assets | | | | |
| | Preferred Stock - Unaffiliated | | | | |
| (10) | Class 01 Unaffiliated Preferred Stock | Company Records | | 0.003 | 0 |
| (11) | Class 02 Unaffiliated Preferred Stock. | Company Records | | 0.010 | 0 |
| (12) | Class 03 Unaffiliated Preferred Stock | Company Records | | 0.020 | 0 |
| (13) | Class 04 Unaffiliated Preferred Stock | Company Records | | 0.045 | 0 |
| (14) | Class 05 Unaffiliated Preferred Stock | Company Records | | 0.100 | 0 |
| (15) | Class 06 Unaffiliated Preferred Stock | Company Records | | 0.300 | 0 |
| (16) | Total Unaffiliated Preferred Stock | Sum of Lines (10) through (15) | 0 | | 0 |
| (17) | Common Stock | Company Records | | 0.150 | 0 |
| (18) | Schedule BA - Other Invested Assets | Company Records | | 0.100 | 0 |
| (19) | Other Invested Assets | Company Records | | 0.200 | 0 |
| (20) | _Total | L(9)+L(16)+L(17)+L(18)+L(19) | 0 | | 0 |

Premier Behavioral Systems of Tennessee, LLC

FIXED INCOME ASSETS

| | | Annual Statement Source | (1) Book/Adjusted Carrying Value | Factor | (2) RBC Requirement |
|-------|--|--|--|---------|---------------------|
| BONDS | | Aimuai otatement oource | Carrying value | 1 actor | NBO Requirement |
| (1) | Class 01 – U.S. Government – Direct and Guaranteed | Sch D. Pt 1A. Sn 1. Col 6. Line 1.1 | 1,950,531 | | |
| (2) | Total Class 01 Bonds | | 1,950,531 | | |
| (3) | Other Class 01 Bonds | | 0 | 0.003 | 0 |
| (4) | Total Class 02 Bonds | | 0 | 0.010 | 0 |
| (5) | Total Class 03 Bonds | | 0 | 0.020 | 0 |
| (6) | Total Class 04 Bonds | | 0 | 0.045 | 0 |
| (7) | Total Class 05 Bonds | | 0 | 0.100 | 0 |
| (8) | Total Class 06 Bonds | | 0 | 0.300 | 0 |
| (9) | Total Bonds. | | 1.950.531 | 0.000 | 0 |
| ` ' | LLANEOUS FIXED INCOME ASSETS | | | | |
| (10) | Cash | Page 2, Line 5, inside amount 1 | 28.801.430 | 0.003 | |
| (11) | Cash Equivalents | 3 , , | 0 | 0.000 | |
| (12) | Less: Cash Equivalents, Bonds included in Schedule D, Part 1A | 9 , , | | | |
| (13) | Net Cash Equivalents | · · · · · · · · · · · · · · · · · · · | 0 | 0.003 | 0 |
| (14) | Short-Term Investments | . , . , | 0 | | |
| (15) | Short-Term Bonds * | | 0 | | |
| (16) | Exempt Money Market Mutual Funds * | | 0 | | |
| (17) | Class One Money Market Mutual Funds * | | 0 | | |
| (18) | Total Other Short-Term Investments | | 0 | 0.003 | 0 |
| (19) | Mortgage Loans - First Liens | | 0 | 0.050 | 0 |
| (20) | Mortgage Loans - Other Than First Liens | 3 , , | 0 | 0.050 | 0 |
| (21) | Receivable for Securities. | 9 / | 0 | 0.050 | 0 |
| (22) | Aggregate write-ins for invested assets | | 0 | 0.050 | 0 |
| (23) | Collateral Loans. | 3 , , | | 0.050 | 0 |
| (24) | Other Long-Term Invested Assets. | _ · · · · · · | | 0.200 | 0 |
| (25) | Total Other Long-Term Invested Assets (Page 2, Col 3, Line 7). | | 0 | 5.255 | |
| (26) | Total Fixed Income Assets RBC | L(9) + L(10) + L(13) + L(18) + L(19) + L(20)+ L(21) + L(22) + L(23) + L(24) | | | 86,404 |

^{*} These bonds appear in Schedule D Part 1A Section 1 and are already recognized in the Bond portion of the formula .

REPLICATION (SYNTHETIC ASSE

XR008

| TRANSACTIONS | AND MANDATORII Y | CONVERTIRI E | SECURITIES |
|--------------|------------------|--------------|------------|

| REPLICATION (SYNTHETIC ASSET) TRANSACTIONS AND MANDATORILY CONVERTIBLE SECURITIES | | | | | | | |
|---|---------------------------------------|---------------------------------------|-------------------------|----------------------------|----------------|-------------|--|
| (1) | (2) | (3) | (4) | (5) NAIC Designation or | (6) | (7) RBC | |
| RSAT Number | Type | CUSIP | Description of Asset(s) | Other Description of Asset | Value of Asset | Requirement | |
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EQUITY ASSETS

| | III AGGETG | | | | |
|-------|---|--|----------------------|--------|-----------------|
| | | | (1) Book/Adjusted | | (2) |
| | | Annual Statement Source | Carrying Value | Factor | RBC Requirement |
| PREFE | RRED STOCK – UNAFFILIATED | | | | |
| (1) | Class 01 Preferred Stock (excluding Hybrids) | Included in Sch. D, Part 2, Sn 1 | | 0.003 | 0 |
| (2) | | Included in Sch. D, Part 2, Sn 1 | | 0.010 | 0 |
| (3) | | | | 0.020 | 0 |
| (4) | Class 04 Preferred Stock (excluding Hybrids) | Included in Sch. D, Part 2, Sn 1 | | 0.045 | 0 |
| (5) | Class 05 Preferred Stock (excluding Hybrids) | Included in Sch. D, Part 2, Sn 1 | | 0.100 | 0 |
| (6) | Class 06 Preferred Stock (excluding Hybrids) | Included in Sch. D, Part 2, Sn 1 | | 0.300 | 0 |
| (7) | Class 01 Hybrids Reported as Preferred Stock | Included in Sch. D, Part 2, Sn 1 | | 0.003 | 0 |
| (8) | Class 02 Hybrids Reported as Preferred Stock | Included in Sch. D, Part 2, Sn 1 | | 0.010 | 0 |
| (9) | Class 03 Hybrids Reported as Preferred Stock | Included in Sch. D, Part 2, Sn 1 | | 0.020 | 0 |
| (10) | Class 04 Hybrids Reported as Preferred Stock | Included in Sch. D, Part 2, Sn 1 | | 0.045 | 0 |
| (11) | Class 05 Hybrids Reported as Preferred Stock | Included in Sch. D, Part 2, Sn 1 | | 0.100 | 0 |
| (12) | Class 06 Hybrids Reported as Preferred Stock | . Included in Sch. D, Part 2, Sn 1 | | 0.300 | 0 |
| (13) | Total Unaffiliated Preferred Stock, Including Hybrids Page 2, Col 3, Line 2.1 - Sch D, Sum Col 1, Line 39 | Sum of Lines (1) through (12) | 0 | | 0 |
| COMMO | ON STOCK – UNAFFILIATED | | | | |
| (14) | Federal Home Loan Bank stock | . Company Records | | 0.023 | 0 |
| (15) | Non-government money market funds | Sch D, Pt 2, Sn 2, Col 6, Line 7199999 | 0 | 0.003 | 0 |
| (16) | Total Common Stock | Sch D, Summary, Col 1, Line 54 | 0 | | |
| (17) | Affiliated Common Stock | Sch D, Summary, Col 1, Line 53 | 0 | | |
| (18) | Other Unaffiliated Common Stock | L(16) - L(14) - L(15) - L(17) | 0 | 0.150 | 0 |
| (19) | Total Unaffiliated Common Stock | L(14) + L(15) + L(18) | 0 | | 0 |

PROPERTY & EQUIPMENT ASSETS

| <u> </u> | FERTI & EQUIFWENT ASSETS | | 1 | 1 | (=) |
|----------|--|--|----------------------|--------|-----------------|
| | | | (1) Book/Adjusted | | (2) |
| | | Annual Statement Source | Carrying Value | Factor | RBC Requirement |
| (1) | Properties occupied by the company | Page 2, Col 3, Line 4.1 | 0 | 0.100 | 0 |
| (2) | Encumbrances (Property occupied by the company) | Page 2, Line 4.1, inside amount | 0 | 0.100 | 0 |
| (3) | Properties held for the production of income. | Page 2, Col 3, Line 4.2 | 0 | 0.100 | 0 |
| (4) | Encumbrances (Property held for production of income) | Page 2, Line 4.2, inside amount | 0 | 0.100 | 0 |
| (5) | · | Page 2, Col 3, Line 4.3 | 0 | 0.100 | 0 |
| (6) | Encumbrances (Property held for sale) | Page 2, Line 4.3, inside amount | 0 | 0.100 | 0 |
| (7) | | L(7.1) + L(L7.2) (should equal Page 2, Col 3, Line 19) | 0 | | |
| (7.1) | HC delivery subject to statutory acct depreciation limits. | Company Records | | 0.100 | 0 |
| (7.2) | All other furniture and equipment | Company Records | | 0.100 | 0 |
| (8) | EDP equipment and software | Page 2, Col 3, Line 18 | 0 | 0.100 | 0 |
| (9) | Total Property and Equipment | L(1)+L(2)+L(3)+L(4)+L(5)+L(6)+L(7.1) +L(7.2)+L(8) | 0 | | 0 |

ASSET CONCENTRATION

| | ET CONCENTRATION | | | |
|------|--|---------------------------------|--------|----------------|
| | (1) | | | |
| | Issuer Name | (2) | | (3) |
| | | Book/Adjusted Carrying Value | Factor | Additional RBC |
| (1) | Class 2 Unaffiliated Bonds. | | 0.010 | 0 |
| (2) | Class 3 Unaffiliated Bonds. | | 0.020 | 0 |
| (3) | Class 4 Unaffiliated Bonds | | 0.045 | 0 |
| (4) | Class 5 Unaffiliated Bonds | | 0.100 | 0 |
| (5) | Collateral Loans | | 0.050 | 0 |
| (6) | Mortgages | | 0.050 | 0 |
| (7) | Class 2 Preferred Stock (excluding Hybrids) | | 0.010 | 0 |
| (8) | Class 3 Preferred Stock (excluding Hybrids) | | 0.020 | 0 |
| (9) | Class 4 Preferred Stock (excluding Hybrids) | | 0.045 | 0 |
| (10) | Class 5 Preferred Stock (excluding Hybrids) | | 0.100 | 0 |
| (11) | Class 2 Hybrids Reported as Preferred Stock. | | 0.010 | 0 |
| (12) | Class 3 Hybrids Reported as Preferred Stock | | 0.020 | 0 |
| (13) | Class 4 Hybrids Reported as Preferred Stock. | | 0.045 | 0 |
| (14) | Class 5 Hybrids Reported as Preferred Stock | | 0.100 | 0 |
| (15) | Other Long-Term Invested Assets | | 0.100 | 0 |
| (16) | Unaffiliated Common Stock | | 0.150 | 0 |
| (17) | Total of Issuer = Lines (1) through (16) | 0 | | 0 |

Premier Behavioral Systems of Tennessee, LLC

UNDERWRITING RISK

Experience Fluctuation Risk

| Experience Fluotaution Risk | 1 | 2 | 3 | 4 | 5 | 6 |
|---|--------------------------|------------------------|-----------------|--|-------|----------------|
| Line of Business | Comprehensive Medical | Medicare Supplement | Dental & Vision | Stand-Alone Medicare Part D Coverage | Other | Total |
| (1) † Premium. | 0 | 0 | 0 | | | 0 |
| (2) † Title XVIII – Medicare | 0 | XXX | XXX | XXX | XXX | 0 |
| (3) † Title XIX – Medicaid | 87 , 735 , 501 | XXX | XXX | XXX | XXX | 87 , 735 , 501 |
| (4) † Other Health Risk Revenue | 0 | XXX | 0 | | | 0 |
| (5) Underwriting Risk Revenue = L(1) + L(2) + L(3) + L(4) | 87 , 735 , 501 | 0 | 0 | 0 | 0 | 87 , 735 , 501 |
| (6) † Net Incurred Claims | 71,126,264 | 0 | 0 | | | 71,126,264 |
| (7) † Fee-for-Service Offset | 0 | XXX | 0 | | | 0 |
| (8) Underwriting Risk Incurred Claims = L(6) – L(7) | 71,126,264 | 0 | 0 | 0 | 0 | 71,126,264 |
| (9) Underwriting Risk Claims Ratio = L(8)/L(5) | 0.811 | 0.00 | 0.000 | 0.00.0 | 0.00. | 0.811 |
| (10) Underwriting Risk Factor* | 0 . 107 | 0 . 105 | 0.120 | 0.141 | 0.130 | XXX |
| (11) Base Underwriting Risk RBC = L(5) x L(9) x L(10) | 7 ,613 ,424 | 0 | 0 | 0 | 0 | 7 ,613 ,424 |
| (12) Managed Care Discount Factor | 0.741 | 0.741 | 0.741 | 1.000 | | XXX |
| (13) RBC after Managed Care Discount = L(11) x L(12) | 5 , 641 , 547 | 0 | 0 | 0 | 0 | 5,641,547 |
| (14) † Maximum per individual Risk after Reinsurance | 0 | 0 | 0 | | | XXX |
| (15) Alternate Risk Charge** | 1 ,500 ,000 | 0 | 0 | 0 | 0 | XXX |
| (16) Alternate Risk Adjustment | 0 | 0 | 0 | 0 | 0 | XXX |
| (17) Net Alternate Risk Charge*** | 1,500,000 | 0 | 0 | 0 | 0 | 1,500,000 |
| (18) Net Underwriting Risk RBC (MAX{L(13),L(17)}) | 5,641,547 | 0 | 0 | 0 | 0 | 5,641,547 |

| | TIERED RBC FACTORS * | | | | | | | | | |
|--------------------|--------------------------|------------------------|-----------------------|--|--------------------|--|--|--|--|--|
| | Comprehensive Medical | Medicare Supplement | Dental & Vision | Stand-Alone Medicare Part D Coverage | Other | | | | | |
| \$0 - \$3 Million | 0.150 | 0.105 | 0.120 | 0.141 | 0.130 | | | | | |
| \$3 - \$25 Million | 0.150 | 0.067 | 0.076 | 0.141 | 0.130 | | | | | |
| Over \$25 Million | 0.090 | 0.067 | 0.076 | 0.109 | 0.130 | | | | | |
| | ALTE | ERNATE RISK CHAR | GE** | | | | | | | |
| | ** The Line (15) Alte | rnate Risk Charge is o | alculated as follows: | | | | | | | |
| | \$1,500,000 or 2 x | \$50,000 or 2 x | \$50,000 or 2 x | \$150,000 or 6 x | \$50,000 or 2 x | | | | | |
| | Maximum Individual | Maximum Individual | Maximum Individual | Maximum Individual | Maximum Individual | | | | | |
| LESSER OF: | Risk | Risk | Risk | Risk | Risk | | | | | |

[†] The Annual Statement Sources are found on page XR013

^{*} This column is for a single result for the Comprehensive Medical & Hospital, Medicare Supplement and Dental/Vision managed care discount factor.

^{***} Limited to the largest of the applicable alternate risk adjustments, prorated if necessary.

UNDERWRITING RISK Annual Statement Source

| | | 1 | 2 | 3 | 4 | 5 | 6 |
|------|---------------------------|----------------------|--------------------|----------------------|--------------------------------|-------|-----------------|
| | Line of Business | Comprehensive | Medicare | | Stand-Alone Medicare Part D | | |
| | | Medical | Supplement | Dental & Vision | Coverage | Other | Total |
| (1) | Premium | P7, C2, L1 + L2 | P7, C3, L1 + L2 | P7, C4 & C5, L1 + L2 | | | |
| (2) | Title XVIII – Medicare | P7, C7, L1 + L2 | XXX | XXX | XXX | XXX | P7, C7, L1 + L2 |
| (3) | Title XIX – Medicaid | P7, C8, L1 + L2 | XXX | XXX | XXX | XXX | P7, C8, L1 + L2 |
| (4) | Other Health Risk Revenue | P7, C2, L4 | XXX | P7, C4 & C5, L4 | | | |
| (6) | Net Incurred Claims | P7, L17, C2+C7+C8 | P7, C3, L17 | P7, C4 & C5, L17 | | | |
| (7) | Fee-for-Service Offset | P7, C2, L3 | XXX | P7, C4 & C5, L3 | | | |
| (14) | | Gen Int Pt 2 L5.31 + | Gen Int Pt 2 L5.33 | Gen Int Pt 2 L5.34 | | | XXX |
| 1 | | 5.32 | | | | | |

OTHER UNDERWRITING RISK

| | | | (1) | | (2) |
|--------|--|--------------------------------------|--------|--------|-----------------|
| | Other Underwriting Risk | Annual Statement Source | Amount | Factor | RBC Requirement |
| (19) | Business with Rate Guarantees Between 15-36 Months - Direct Premium Earned | Gen Int Pt 2 9.21 | 0 | 0.024 | 0 |
| (20) | Business with Rate Guarantees Over 36 Months - Direct Premium Earned | | 0 | 0.064 | 0 |
| (21) | FEHBP and TRICARE Claims Incurred. | UI Pt 2, Col 6, Line 12.4 | 0 | 0.020 | 0 |
| (22) | Stop Loss and Minimum Premium | Company Records | | 0.250 | 0 |
| (22.1) | Supplemental Benefits within Stand-Alone Medicare Part D Coverage | Company Records | | 0.120 | 0 |
| (22.2) | Total Other Underwriting Risk | | | | 0 |
| | Disability Income Premium | | | | |
| (23) | Noncancellable Disability Income - Individual Morbidity | Company Records | | | |
| (23.1) | First 50 Million Earned Premium of L(23) | | 0 | 0.350 | 0 |
| (23.2) | Over 50 Million Earned Premium of L(23). | | 0 | 0.150 | 0 |
| (23.3) | Total Noncancellable Disability Income - Individual Morbidity | L(23.1) + L(23.2) | | | 0 |
| (24) | Other Disability Income - Individual Morbidity | Company Records | | | |
| (24.1) | Earned Premium in L(24) [up to 50 Million less Premium in L(23.1)] | | 0 | 0.250 | 0 |
| (24.2) | Earned Premium in L(24) not included in L(24.1). | | 0 | 0.070 | 0 |
| (24.3) | Total Other Disability Income - Individual Morbidity | L(24.1) + L(24.2) | | | 0 |
| (25) | Disability Income - Credit Monthly Balance Plans | Included in Page 7, Col 10, L1 and 2 | | | |
| (25.1) | First 50 Million Earned Premium of L(25) | | 0 | 0.200 | 0 |
| (25.2) | Over 50 Million Earned Premium of L(25) | | 0 | 0.030 | 0 |
| (25.3) | Total Disability Income - Credit Morbidity | L(25.1) + L(25.2) | | | 0 |
| (26) | Disability Income – Group Long-term | | | | |
| (26.1) | Earned Premium in L(26) [up to 50 Million less Premium in L(25.1)] | | 0 | 0.150 | 0 |
| (26.2) | Earned Premium in L(26) not included in L(26.1) | | 0 | 0.030 | 0 |
| (26.3) | Total Disability Income - Group Long-term | L(26.1) + L(26.2) | | | 0 |
| (27) | Disability Income - Credit Single Premium with Additional Reserves | Company Records | | | |
| (27.1) | Additional Reserves for Credit Disability Plans | Company Records | | | |
| (27.2) | Additional Reserves for Credit Disability Plans, prior year | Company Records | | | |
| (27.3) | Sub-total Disability Income - Credit Single Premium with Additional Reserves | | 0 | | |
| (27.4) | Earned Premium in L(27.3) [up to 50 Million less Premium in L(25.1)+ (26.1)] | | 0 | 0.100 | 0 |
| (27.5) | Earned Premium in L(27.3) not included in L(27.4) | | 0 | 0.030 | 0 |
| (27.6) | Total Disability Income - Credit Single Premium with Additional Reserves | | | | 0 |
| (28) | Disability Income - Credit Single Premium without Additional Reserves | Company Records | | | |
| (28.1) | Earned Premium in L(28) [up to 50 Million less Premium in Lines(25.1)+ (26.1)+(27.4)] | | 0 | 0.150 | 0 |
| (28.2) | Earned Premium in L(28) not included in L(28.1). | | 0 | 0.030 | 0 |
| (28.3) | Total Disability Income - Credit Single Premium without Additional Reserves | | | | 0 |
| (29) | Disability Income – Group Short-term. | | | | |
| (29.1) | Earned Premium in L(29) [up to 50 Million less Premium in Lines(25.1)+ (26.1)+(27.4)+(28.1)] | , | 0 | 0.050 | 0 |
| (29.2) | Earned Premium in L(29) not included in L(29.1). | | 0 | 0.030 | 0 |
| (29.3) | | L(29.1) + (L29.2) | | | 0 |

Premier Behavioral Systems of Tennessee, LLC

LONG-TERM CARE

| | Long-Term Care (LTC) Insurance Premium | Annual Statement Source | (1) Amount | Factor | (2) RBC Requirement |
|--------------|--|---|---------------|---------|------------------------|
| (30) | Noncancellable LTC Premium – Rate Risk | Company Records | 7 11100111 | 0.100 * | 0 |
| (31) | | Line (34.1) Column (1) up to 50 million | 0 | 0.100 | 0 |
| (32) (33) | , , , | Remainder of Line (34.1) Column (1) over 50 million Col (2), Line (30) + Line (31) + Line (32) | υ | 0.030 | 0 |

| | | | (1) | (2) | (3) Col. (2)/(1) § | (4) |
|--------|---|--|----------|-----------------|-----------------------|-----------------|
| | Historical Loss Ratio Experience | Annual Statement Source | Premiums | Incurred Claims | Loss Ratio | RBC Requirement |
| (34.1) | Current Year | Company Records | | | 0.000 | |
| (34.2) | Immediate Prior Year | Company Records | | | 0.000 | |
| (34.3) | Average Loss Ratio | If loss ratios are used, [Column (3) Line (34.1) + Line | | | 0.000 | |
| | | (34.2)/2, otherwise zero | | | | |
| (35) | Adjusted LTC Claims for RBC | If Column (3) Line (34.3) <> 0, then [Column (1) Line (31) + | | 0 | | |
| () | | Line (32)] X Column (3), Line (34.3), else Column (2) Line | | | | |
| | | (34.1) | | | | |
| (35.1) | Claims (to \$35 million) – Morbidity Risk † | Lower of Column (2) Line (35) and \$35 million | | 0 | 0.370 † | 0 |
| (35.2) | | Excess of Column (2) Line (35) over \$35 million | | 0 | 0.120 ‡ | 0 |
| (36) | LTC Claims Reserves ‡ | Company Records | | | 0.050 | 0 |
| (37) | Claims-based RBC | Column (4), Line (35.1) + Line (35.2) | | | | 0 |
| (38) | LTC RBC | Column (2), Line (33) + Column (4) Line (36) + Line (37) | | | | 0 |

^{*} The factor applies to all Noncancellable premium.

[†] If Column (1), Line (34.1) is positive, then a factor of 0.250 is used. Otherwise, a higher factor of 0.370 is used.

[‡] If Column (1), Line (34.1) is positive, then a factor of 0.080 is used. Otherwise, a higher factor of 0.120 is used.

[§] If Column (1), Line (34.1) or (34.2) are less than or equal to zero or if Column (2), Line (34.1) or (34.2) are less than zero, the loss ratios are used and Column (3), Line (34.3) is set to zero.

OTHER UNDERWRITING RISK

| | | | (1) | | (2) |
|--------|--|---|--------|---------|-----------------|
| | | Annual Statement Source | Amount | Factor | RBC Requirement |
| | Limited Benefit Plans (Individual and Group Combined) | | | | |
| (39) | Hospital Indemnity and Specified Disease | Included in Page 7, Col 9, L1 and 2, in | | 0.035 | |
| | | part | | | |
| (39.1) | 50,000 if L(39) is greater than zero | | | | |
| (39.2) | Total Hospital Indemnity and Specified Disease | L(39) + L(39.1) | | | |
| (40) | Accidental Death & Dismemberment | Included in Page 7, Col 9, L1 and 2, in | | | |
| | | part | | | |
| (40.1) | First 10 Million Earned Premium of L(40) | | 0 | 0.055 | |
| (40.2) | Over 10 Million Earned Premium of L(40) | | 0 | 0.015 | |
| (40.3) | Over 10 Million Earned Premium of L(40). Maximum Retained Risk for any single claim Three times L(40.3) Lesser of L(40.4) or \$300,000 Total AD&D. | Company Records | | | |
| (40.4) | Three times L(40.3) | | 0 | | |
| (40.5) | Lesser of L(40.4) or \$300,000 | | | | |
| (40.6) | Total AD&D | L(40.1) + L(40.2) + L(40.5) | | | |
| (41) | Other Accident | Included in Page 7, Col 9, L1 and 2, in | | 0.050 | Φ |
| | | part | | | |
| (42) | Premium Stabilization Reserves. | | 0 | (0.500) | |
| (43) | Total, Other Underwriting Risk | L(22.2)+L(23.3)+L(24.3)+L(25.3)+ | | | |
| | | L(26.3)+L(27.6)+L(28.3)+L(29.3)+ | | | |
| | | L(38)+L(39.2)+L(40.6)+L(41)+L(42) | | | |

Φ This is limited to the total Net Underwriting RBC on XR012, Col (6), Line (18) Less Col (4), and XR014, Col (2), Lines (22.2), (23.3), (24.3), (25.3), (26.3), (27.6), (28.3), (29.3), and XR015, Col (2), Line (33) and XR016 Col (2), Lines (39.2), (40.6), and (41).

XRBC

Premier Behavioral Systems of Tennessee, LLC

UNDERWRITING RISK - Managed Care Credit Calculation

| | | | (1) | (2) | (3) | (4) |
|-------|--|--|---------|----------------|------------------|-----------------------------|
| | | Annual Statement Source | Factor* | Paid Claims | Weighted Claims* | Part D Weighted Claims** |
| | Managed Care Claims Payments | Aimai Statement Source | 1 actor | 1 ald Claims | Weighted Claims | Weighted Claims |
| (1) | Category 0 - Arrangements not Included in Other Categories | Exhibit 7, Pt 1, Col 1, Line 5, in part*** | 0.000 | 42,867,400 | 0 | |
| (2) | Category 1 - Payments Made According to Contractual Arrangements | , , , , , , , , | 0.150 | | 0 | |
| (3) | Category 2a - Subject to Withholds or Bonuses - Otherwise Category 0 | | 0.000 | | 0 | |
| (4) | Category 2b - Subject to Withholds or Bonuses - Otherwise Category 1 | | 0.150 | | 0 | |
| (5) | Category 3a - Capitated Payments Directly to Providers | | 0.600 | 32,596,259 | 19,557,755 | |
| (5.1) | Capitation Payments - Medical Group - Category 3a | | | 32,334,654 | , , | |
| (5.2) | Capitation Payments - All Other Providers - Category 3a | Exhibit 7, Pt 1, Col 1, Line 3, in part*** | | 261,605 | | |
| (6) | Category 3b - Capitated Payments to Regulated Intermediaries | Included in Exhibit 7, Pt 1, Col 1, Line 2, in part*** | 0.600 | | 0 | |
| (7) | Category 3c - Capitated Payments to Non-Regulated Intermediaries | Included in Exhibit 7, Pt 1, Col 1, Line 2 , in part*** | 0.600 | | 0 | |
| (8) | Category 4 - Medical & Hospital Expense Paid as Salary to Providers | | 0.750 | 0 | 0 | |
| (8.1) | Non-contingent Salaries - Category 4 | Exhibit 7, Pt 1, Col 1, Line 9 | | | | |
| (8.2) | Aggregate Cost Arrangements - Category 4 | Exhibit 7, Pt 1, Col 1, Line 10 | | | | |
| (8.3) | Less Fee For Service revenue from ASC or ASO | Company Records | | | | |
| (9) | Sub-Total Paid Claims | Exhibit 7, Pt 1, Col 1, Line 13 - Line 11 - Line (8.3) - Line(12) - Line(13) | | 75 , 463 , 659 | 19 , 557 , 755 | |
| | Medicare Part D Coverage Claim Payments | | | | | |
| (10) | Category 0 - No Federal Reinsurance or Risk Corridor Protection | Company Records | xxx | xxx | | xxx |
| (11) | Category 1 - Federal Reinsurance but no Risk Corridor Protection | Company Records | XXX | XXX | | XXX |
| (12) | Category 2a - No Federal Reinsurance but Risk Corridor Protection | Company Records | 0.500 | | | 0 |
| (13) | Category 3a - Federal Reinsurance and Risk Corridor Protection apply | Company Records | 0.650 | | | 0 |
| (14) | Sub-Total Paid Claims | Sum of Lines (10) through (13) | | 0 | | 0 |
| (15) | Total Paid Claims | Sum of Lines (9) and (14) | | 75 , 463 , 659 | | |
| (16) | Weighted Average Managed Care Discount | | | | 0.259 | 0.00.00 |
| (17) | Weighted Average Managed Care Risk Adjustment Factor | | | | 0.741 | 1.000 |

^{*} This column is for a single result for the Comprehensive Medical & Hospital, Medicare Supplement and Dental manage care discount factor.

^{**} This column is for the Medicare Part D managed care discount factor .

^{***} Medicare Part D Stand-Alone Business reported in Lines (10) through (13) would be excluded from these amounts.

Premier Behavioral Systems of Tennessee, LLC

UNDERWRITING RISK - Managed Care Credit Calculation

*Calculation of Category 2 Managed Care Factor

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| | omanon or ontogory = managem carer actor | | |
|------|--|------------------------------------|--------|
| | | | (1) |
| | | Annual Statement Source | Amount |
| (18) | Withhold & bonus payments, prior year. | Company Records | |
| (19) | Withhold & bonuses available, prior year. | Company Records Company Records | |
| (20) | MCC Multiplier - average withhold returned [L(18)/l(19)] | | 0.000 |
| (21) | Withholds & bonuses available, prior year. | Company Records | |
| (22) | Withholds & bonuses available, <i>prior year</i> . Claims payments subject to withhold, <i>prior year</i> . | Company Records | |
| (23) | Average withhold rate, prior year [L(21)/L(22)] | | 0.000 |
| (24) | MCC Discount Factor, Category 2 Min{.25,[L(20)xL(23)]} | | 0.000 |

CREDIT RISK

| | 211 141011 | | | | |
|-------|---|---|---|--------|------------------------|
| | | Annual Statement Source | (1) Amount | Factor | (2) RBC Requirement |
| | Reinsurance Ceded | Allitudi Statement Source | Amount | Facioi | RBC Requirement |
| (4) | | In alcohold in Calc C. Dt C. CC. I 0400000 | | | |
| (1) | Recoverables on Paid Losses - 100% owned affiliates | Included in Sch S, Pt 2, C6, L0499999 | | 0.005 | |
| (2) | Recoverables on Paid Losses - other affiliates | Included in Sch S, Pt 2, C6, L0499999 | Λ | 0.005 | U |
| (3) | Recoverables on Paid Losses - Non-affiliates | . Sch S, Pt 2, C6, L0599999 | U | 0.005 | 0 |
| (4) | Total Recoverables on Paid Losses | Lines (1) + (2) + (3) | 0 | | |
| | | (Sch S, Pt 2, C6, L0699999) | | | |
| (5) | Recoverables on Unpaid Losses - 100% owned affiliates | Included in Sch S, Pt 2, C7, L0499999 | | | |
| (6) | Recoverables on Unpaid Losses - other affiliates | Included in Sch S, Pt 2, C7, L0499999 | | 0.005 | 0 |
| (7) | Recoverables on Unpaid Losses - Non-affiliates | | 0 | 0.005 | 0 |
| (8) | Total Recoverables on Unpaid Losses | | 0 | 0.000 | 0 |
| (0) | | (Sch S, Pt 2, C7, L0699999) | | | |
| | | (3311 3,1 (2, 31, 2000000) | | | |
| (9) | Unearned premiums - 100% owned affiliates | Included in Sch S, Pt 3, Sn 2, C8, | | | |
| (-) | | L0199999 + L0499999 | | | |
| (10) | Unearned premiums - other affiliates | Included in Sch S. Pt 3. Sn 2. C8. | | 0.005 | 0 |
| (, | | L0199999 + L0499999 | | 1 | |
| (11) | Unearned premiums - Non-affiliates | Sch S, Pt 3, Sn 2, C8, L0299999 + | 0 | 0.005 | 0 |
| (, | | L0599999 | *************************************** | | |
| (12) | Total unearned premiums | Lines (9) + (10) + (11) | 0 | | 0 |
| ` ′ | | | _ | | |
| (40) | Other Deserve Condite 4000/ surred officiates | lashidad ia Cab C Dt 2 Ca 2 C0 | | | |
| (13) | Other Reserve Credits - 100% owned affiliates | L0199999 + L0499999 | | | |
| (4.4) | Oll - Para - Out it and the office | | | 0.005 | 0 |
| (14) | Other Reserve Credits - other affiliates. | Included in Sch S, Pt 3, Sn 2, C9, | | 0.005 | U |
| (4.5) | Oller Brown Coulting New William | L0199999 + L0499999 | 0 | 0.005 | 0 |
| (15) | Other Reserve Credits - Non-affiliates | Sch S, Pt 3, Sn 2, C9, L0299999 + | 0 | 0.005 | 0 |
| (40) | Total Other Passers Condite | L0599999 | 0 | | 0 |
| (16) | Total Other Reserve Credits | Lines (13) + (14) + (15) | 0 | | |
| (17) | Total Reinsurance RBC | L(4) + L(8) + L(12) + L(16) | | | 0 |
| (17) | Total Normalia (NDC) | [[-[-][-[-][-[-][-[-][-[-][-][-][-[-][-][-][-[-][-][-][-][-[-] | | | |
| | Capitations to Intermediaries | | | | |
| (18) | Total Capitations Paid Directly to Providers | . XR017, Col (2) , Line (5) | 32,596,259 | | |
| (19) | Less Secured Capitations to Providers | . Company Records | 0 | | |
| (20) | Capitations to Providers Subject to Credit Risk Charge | . L(18) - L(19) | 32,596,259 | 0.020 | 651,925 |
| (21) | Total Capitations to Intermediaries | . XR017, Col (2), Line (6)+(7) | 0 | | |
| (22) | Less Secured Capitations to Intermediaries | . Company Records | 0 | | |
| (23) | Capitations to Intermediaries Subject to Credit Risk Charge | | 0 | 0.040 | 0 |
| (24) | Capitation Credit Risk to RBC | L(20) + L(23) | | | 651,925 |

CREDIT RISK

| | | Annual Statement Source | (1) Amount | Factor | (2) RBC Requirement |
|--------|--|--------------------------------------|---------------|--------|------------------------|
| | Other Receivables | | | | , |
| (25) | Investment Income Receivable | Page 2, Col 3, Line 12 | 29,819 | 0.010 | 298 |
| (26) | Health Care Receivables | Exhibit 3, Col 7, Line 0799999 | 0 | | |
| (26.1) | Pharmaceutical Rebate Receivables. | Exhibit 3, Col 7, Line 0199999 | 0 | 0.050 | 0 |
| (26.2) | Claim Overpayment Receivables | Exhibit 3, Col 7, Line 0299999 | 0 | 0.050 | 0 |
| (26.3) | Claim Overpayment Receivables. Loan and Advances to Providers. | Exhibit 3, Col 7, Line 0399999 | 0 | 0.050 | 0 |
| (26.4) | Capitation Arrangement Receivables | Exhibit 3, Col 7, Line 0499999 | 0 | 0.050 | 0 |
| (26.5) | Risk Sharing Receivables. Other Health Care Receivables. | . Exhibit 3, Col 7, Line 0599999 | 0 | 0.050 | 0 |
| (26.6) | Other Health Care Receivables. | Exhibit 3, Col 7, Line 0699999 | 0 | 0.050 | 0 |
| (27) | Amounts Receivable relating to uninsured accident and health plans | . Included in Page 2, Col 3, Line 15 | | 0.050 | 0 |
| (28) | Amounts Receivable relating to uninsured accident and health plans | . Page 2, Col 3, Line 21 | 172,745 | 0.050 | 8,637 |
| (29) | Aggregate Write-ins for other than invested assets | Page 2, Col 3, Line 23 | 0 | 0.050 | 0 |
| | | | | | |
| (30) | Total Other Receivables RBC | L(25) + Sum L(26.1) through L(29) | | | 8,935 |
| (31) | Total Credit RBC | L(17) + L(24) + L(30) | | | 660,860 |

BUSINESS RISK

XR021

(1) Amount RBC Requirement Annual Statement Source Factor* Administrative Expense Risk .877 .355 Claims adjustment expenses. Page 4, Col 2, Line 20 General administrative expenses. Page 4, Col 2, Line 21 .9,320,913 less the Net amount of ASC Revenue and Expenses included in Line 1 and Line 2... Company Records less the Net amount of ASO Revenue and Expenses included in Line 1 and Line 2... Company Records 1.718.830 less Admin Expenses for Commission & Premium Taxes. Underwriting & Investment Exhibit Part 3, Line 3, in part ..8,479,438 Administrative Expenses Base RBC... L(1) + L(2) - L(3) - L(4) - L(5)0.049 .415,492 (7) Proration of Admin Expense to Experience Fluctuation Risk $L(6) \times L(20)/(L(21) + L(22))$.415,492 Non-Underwritten and Limited-Risk Administrative expenses for ASC arrangements. Company Records 0.020 Administrative expenses for ASO arrangements... Company Records 0.020 (10) Medical costs paid through ASC arrangements (Including Fee-for-service received from other health Company Records 0.010 (11) Non-Underwritten and Limited-Risk Business RBC **Guaranty Fund Assessment-Risk** Premiums Subject to Guaranty Fund Assessment 0.005 (12)Included in Sch T - Company Records **Excessive Growth Risk** UW Risk Revenue, Prior Year. 2007 XR011, Col (6), Line (5) (manual entry) .87,735,501 UW Risk Revenue, Current Year. 2008 XR012, Col (6), Line (5) Net UW Risk RBC, Prior Year. 2007 XR011, Col (6), Line (18) (manual entry) .5,641,547 Net UW Risk RBC, Current Year ... 2008 XR012, Col (6), Line (18) RBC Growth Safe Harbor... (17) $[L(14)/L(13) + .10] \times L(15)$..5,641,547 (18) Excess of RBC Growth Over Safe Harbor... Max{0, L(16) - L(17)} 2,820,774 Excessive Growth Risk RBC .5 x L(18)

The factor for the Administrative Expenses Base RBC is calculated as a weighted average, based on premium volume from XR012

| | | Annual Statement Source | Premium | Weight | Weighted Premium |
|------|--|---------------------------------------|----------------|--------|------------------|
| (20) | Experience Fluctuation Risk Revenue | XR012, Col (5), Line (5) | 87,735,501 | | |
| (21) | Premiums Earned | Page 4, Col 2, Line 2 + 3 | 87 , 735 , 501 | | |
| (22) | Risk Revenue | Page 4, Col 2, Line 5 | 0 | | |
| (23) | Tier 1 - \$0 to \$25 million of Line (20) | | 25,000,000 | 0.070 | 1,750,000 |
| (24) | Tier 2 - Amount over \$25 million of Line (20) | .] | 62,735,501 | 0.040 | 2,509,420 |
| (25) | Total Experience Fluctuation Risk Revenue | L(23) + L(24) | 87 , 735 , 501 | | 4, 259, 420 |
| (26) | Administrative Expenses Base RBC Factor | Col (2). Line (25)/Col (1), Line (25) | | | 0.049 |

| | Was acceptable April 18 april | | (1) RBC Amount |
|------|--|---------------------------------------|-------------------|
| (4) | H0 - ASSET RISK - AFFILIATES W/RBC | VD005_0% D. L OL L (45) | |
| (1) | Off-Balance Sheet Items | | U |
| (2) | Directly Owned Insurer Subject to RBC | | 0 |
| (3) | Indirectly Owned Insurer Subject to RBC | XR003, Affiliates Page - L(2) | ļū |
| (4) | Directly Owned MCO Subject to RBC. | | 0 |
| (5) | Indirectly Owned MCO Subject to RBC | | 0 |
| (6) | Directly Owned Alien Insurer | | 0 |
| (7) | Indirectly Owned Alien Insurers | XR003, Affiliates Page - L(8) | 0 |
| (8) | Total H0 | Sum L(1) through L(7) | 0 |
| | H1 - ASSET RISK - OTHER | | |
| (9) | Investment Subsidiary | XR003, Affiliates Page - L(5) | 0 |
| (1Ó) | Holding Company Excess of Subsidiaries | | 0 |
| (11) | Investment in Parent | | 0 |
| (12) | Other Affiliates | | 0 |
| (13) | Fair Value Excess Affiliate Common Stock | | 0 |
| (14) | Fixed Income Assets. | | 86,404 |
| (, | | Fixed Income Assets Page - L(26) | |
| (15) | Replication & Manditorily Convertible Securities | | 0 |
| (16) | Unaffiliated Preferred Stock Including Hybrids | | 0 |
| (.0) | - Communication of the communi | Assets Page - L(13) | |
| (17) | Unaffiliated Common Stock | | 0 |
| (, | | Assets Page - L(19) | |
| (18) | Property & Equipment | | 0 |
| (.0) | | Prop/Equip Assets Page - L(9) | |
| (19) | Asset Concentration. | | 0 |
| (20) | Total H1 | | 86,404 |
| | H2 - UNDERWRITING RISK | | |
| (21) | Net Underwriting Risk | XR012, Underwriting Risk Page - L(18) | 5,641,547 |
| (22) | Other Underwriting Risk | | 0 |
| (23) | Disability Income. | | 0 |
| (==) | = ····y | L(26.3)+L(27.6)+L(28.3)+L(29.3) | |
| (24) | Long-Term Care | XR015, Underwriting Risk Page - L(38) | 0 |
| (25) | Limited Benefit Plans | | 0 |
| (26) | Premium Stabilization Reserve | | 0 |
| (27) | Total H2 | Sum L(21) through L(26) | 5,641,547 |

Calculation of Total Risk-Based Capital After Covariance

XR023

| | | | (1) RBC Amount |
|----------------------|---|--|-------------------|
| (00) | H3 - CREDIT RISK | VP040 O :: I'l Piol Po :: 1 (47) | 0 |
| (28) | Total Reinsurance RBC | XR019, Credit Risk Page - L(17) | |
| (29) | Intermediaries Credit Risk RBC | XR019, Credit Risk Page - L(24) | 651,925 |
| (30) | Total Other Receivables RBC | XR020, Credit Risk Page - L(30) | 8,935 |
| (31) | Total H3 | Sum L(28) through L(30) | 660,860 |
| (32) (33) (34) | H4 - BUSINESS RISK Administrative Expenses RBC Non-Underwritten and Limited Risk Business RBC Premiums Subject to Guaranty Fund Assessments | XR021, Business Risk Page - L(7) XR021, Business Risk Page - L(11) XR021, Business Risk Page - L(12) | 415,492 |
| (35) | Excessive Growth RBC. | XR021, Business Risk Page - L(19) | 2 820 774 |
| (36) | Total H4. | Sum L(32) through L(35) | 3 236 266 |
| (30) | TUGITIT. | | |
| (37) | RBC After Covariance | H0+Square Root of (H1^2+H2^2+H3^2+H4^2) | 6,537,941 |
| (38) | Authorized Control Level RBC | .50 x RBC after Covariance | 3,268,971 |

CALCULATION OF TOTAL ADJUSTED CAPITAL

| | | Annual Statement Source | (1) Amount | Factor | (2) Adjusted Capital |
|--------|--|---------------------------|---------------|---------|-------------------------|
| Compa | any Amounts | | | | |
| (1) | Capital and Surplus. | Page 3, Col 3, Line 31 | 8,583,355 | 1.000 | 8,583,355 |
| Subsid | diary Adjustments | | | | |
| (2) | AVR - Life Subs | Affiliate's statement | | 1.000 | 0 |
| (3) | Dividend Liability - Life Subsidiaries. | Affiliate's statement | | 0.500 | 0 |
| (4) | Tabular Discounts - P&C Subsidiaries | Affiliate's statement | | (1.000) | 0 |
| (5) | Non-Tabular Discounts - P&C Subsidiaries | Affiliate's statement | | (1.000) | 0 |
| (6) | Total Adjusted Capital, Post-deferred Tax | | | | 8,583,355 |
| SENS | SITIVITY TEST: | | | | |
| (7) | DTA Value for Company | | 0 | 1.000 | 0 |
| (8) | DTL Value for Company | Page 3, Col 3, Line 10.2 | 0 | 1.000 | 0 |
| (9) | DTA Value for Insurance Subsidiaries. | | | 1.000 | 0 |
| (10) | DTL Value for Insurance Subsidiaries | Company Records | | 1.000 | 0 |
| (11) | Total Adjusted Capital, Pre-deferred Tax (sensitivity) | L(6)-L(7)+L(8)-L(9)+L(10) | | | 8,583,355 |

COMPARISON OF TOTAL ADJUSTED CAPITAL TO RISK-BASED CAPITAL

Authorized Control Level Risk-Based Capital on Line 15 of the Five-Year Historical Data Page

| | | Abbreviation | (1) Amount |
|-----|---|--------------|---------------|
| (1) | Total Adjusted Capital, Post-Tax | | 8 , 583 , 355 |
| (2) | Company Action Level = 200% of Authorized Control Level | CAL | 6 , 537 , 942 |
| (3) | Regulatory Action Level = 150% of Authorized Control Level | RAL | 4,903,457 |
| (4) | Authorized Control Level = 100% of Authorized Control Level | ACL | 3,268,971 |
| (5) | Mandatory Control Level = 70% of Authorized Control Level | MCL | 2,288,280 |
| (6) | Level of Action, if Any | NONI | <u>E</u> |
| | THE FOLLOWING NUMBERS MUST BE REPORTED IN THE FIVE YEAR HISTORY EXHIBIT ON THE INDICATED LINE | | |
| | Total Adjusted Capital on Line 14 of the Five-Year Historical Data Page | | 8,583,355 |

3,268,971

Premier Behavioral Systems of Tennessee, LLC

CAPITATIONS PAID DIRECTLY TO PROVIDERS

| Name of Provider | 1 Paid Capitations During Year | 2 Letter of Credit Amount | 3 Funds Withheld | 4 Protection Percentage | 5 Exempt Capitations |
|---|--------------------------------------|---------------------------------|---------------------|-------------------------------|----------------------------|
| | | | | | |
| | | | | | |
| 0199999 -Capitations Paid Directly to Providers | 0 | XXX | XXX | XXX | 0 |

CAPITATIONS PAID TO UNREGULATED INTERMEDIARIES

| | 1 | 2 | 3 | 4 | 5 |
|---|------------------|------------------|----------------|------------|-------------|
| | Paid Capitations | Letter of Credit | | Protection | Exempt |
| Name of Provider | During Year | Amount | Funds Withheld | Percentage | Capitations |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 0299999 -Capitations Paid to Unregulated Intermediaries | 0 | XXX | XXX | XXX | 0 |

CAPITATIONS PAID TO REGULATED INTERMEDIARIES

| Name of Provider | 1 Paid Capitations During Year | 2 State of Domicile | 5 Exempt Capitations | |
|---|--------------------------------------|------------------------|----------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| 0399999 -Capitations Paid to Regulated Intermediaries | 0 | XXX | 0 | |

TOTAL CAPITATIONS

| TOTAL DAI HATIONO | | | | |
|-------------------|------------------|---|-------------|--|
| | 1 | | 5 | |
| | Paid Capitations | | Exempt | |
| Name of Provider | During Year | | Capitations | |
| Total | 0 | 1 | 0 | |

Premier Behavioral Systems of Tennessee, LLC

Premium Stabilization Reserves

| Name of Group | 1 Amount of Reserve |
|---|---------------------------|
| Name of Group | reserve |
| | |
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| | |
| MORROO T. L. D. L. C. L. W. L. C. D. | 0 |
| 0199999 - Total Premium Stabilization Reserve | 0 |